

Vascular pathologies of the neck that may present as head and neck pain – promoting clinical reasoning and best practice: a practical workshop



Steven Vogel

Steven.Vogel@uco.ac.uk



@UCODVC_Research

Context

- The workshop and keynote tomorrow are evidence informed
 - Draws on selected research, – msk, man ther and more broadly BUT data is limited: rare events. IFOMPT framework and JOSPT position paper
 - Opportunity to share practice and experience
 - Participatory

Introductions and interest in the topic

- Roles
 - Clinical teaching
 - Classroom based teaching
 - Curriculum design
 - Management ?
Safety?



Aims

- To explore clinical reasoning and examination approaches that may support teaching and learning in this challenging area of clinical practice
- What can we do to teach this topic well?
- Do we need to adopt measures to support safe practice?



Warm up - get involved



- Is treatment by manual therapists an underlying cause of vascular injury in the neck and stroke after treatment?



Background

Vascular pathologies in the neck can “look like” mechanical or msk neck and head pain

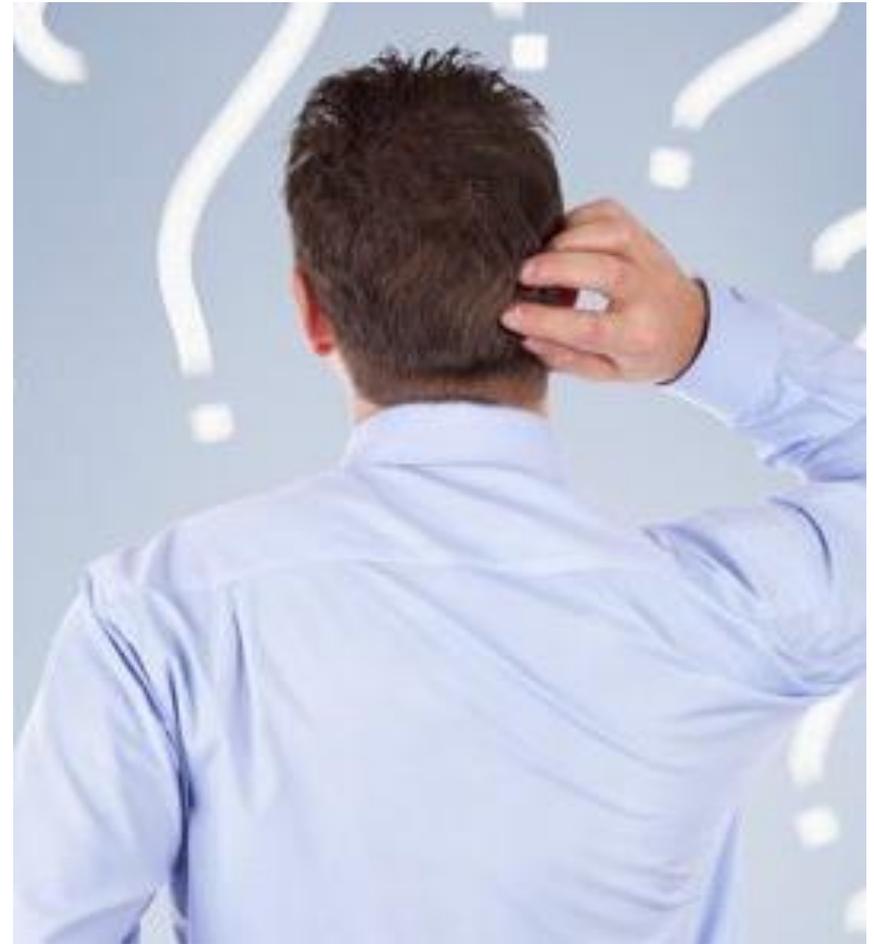
Cases associated with manual therapy – high coverage in the press and medical press

Cause difficult to establish and often misrepresented

It's a rare condition

Challenges and opportunities of teaching this topic / area of practice

- In small groups
 - Identify someone to feedback
 - Identify current good practice
 - Identify challenges
- What works well and what doesn't?
- Feedback



Case discussions

- Aim
 - Identify current knowledge and points to consider when teaching or discussing cases with students
 - “Real life cases”
 - Groups of 5
- Focus on **detailed clinical reasoning and theory/mechanisms**
 - Eg if you identify something about CVS risk factors go deeper – what factors, what questions and why.
 - Link up to pathophysiology or epidemiology if you can to inform your questioning of your or a student’s reasoning and to identify potential gaps in knowledge that need addressing in practice or in teaching



Teaching Orthopaedic Manipulative Therapy



WHO

Appropriately Trained Educator

- Actively engaged in clinical practice
- Teaching experience, mentoring & formal training in educational processes
- Neuromuscular examination competence
 - a. Sensory-motor function
 - b. Vascular status
 - c. Ligamentous integrity
- Differential diagnosis and clinical reasoning skills
- Competent in assessment & triage of relevant pathology

WHAT

- In line with best practice
- Focus on safe practice
- Local arrangements for risk assessment in place
- Emphasis on the continuum of amplitude, velocity, patient comfort, sensitivity and specificity of handling
- Students progressively develop hand dexterity and motor skills under supervision of faculty

HOW

Student Model Considerations

- Screening and risk disclosure prior to laboratory activities
- Students practise hand dexterity skills without any contact with a student which allows faculty to assess the precision and delivery of each student
- Continuous & ongoing monitoring
- Student is responsible for controlling their degree of practical engagement



Clinical Reasoning and Shared Decision Making



Evidence based and patient centered